

(Established Customers Only)

RIVER CITY BANK  
LOUISVILLE, KY 40205

\*\*\*\*\*  
\* Amount of Wire: \$83,034.00 \*  
\*\*\*\*\*

Name of Originator Induction Therapies LLC ☒ OFAC Checked  
Complete Address 3600 Chamberlain Ln #336 Call Back # \_\_\_\_\_  
3600 Chamberlain Ln #336  
(NO P.O. BOX) Louisville KY 40241

Payment Form: ☐ Check ☐ Cash ☒ Charge Acct # ██████████ 0925 D ☐ Other \_\_\_\_\_

Balance in Account Being Charged: \$198,782.11

Transfer Type: Domestic  
Transit Routing # of Receiving Bank: 021001088  
Receiving Bank Name HSBC Bank ☒ OFAC Checked  
City Rockville State MD

Beneficiary: Ingenes LLC. ☒ OFAC Checked  
Complete Address 16192 Costal Hwy  
(NO P.O. BOX) Lewes DE 19958

Beneficiary Account #: ██████████ 1114

Final Credit: \_\_\_\_\_ ☐ OFAC Checked

**Special Instructions:**

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Notice to Originator: Your payment order identifies an intermediate bank, beneficiary bank, or beneficiary by name and number, we and every receiving or beneficiary bank may rely upon the identifying number rather than the name to make payment, even if the number identifies an intermediate bank, person or account different than the bank or beneficiary identified by name. Neither we nor any receiving beneficiary bank have any responsibility to determine whether the name and identifying number refer to the same financial institution or person.

Originator Signature

X  DATE: 12-26-18

**INTERNAL USE:**

Execution Date: \_\_\_\_\_ Time: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Account # to charge at correspondent bank: ██████████ 6140

Sequence #: \_\_\_\_\_

Employee Requesting : hanna50 Branch : 403

Request Date: 12/26/2018 14:32:20

Employee Authorizing : \_\_\_\_\_

When Authorized: 12/30/1899 00:00:00



## OUTGOING WIRE TRANSFER ORDER

Wire ID# 005033

(Established Customers Only)

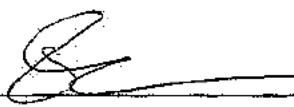
RIVER CITY BANK  
LOUISVILLE, KY 40205\*\*\*\*\*  
\* Amount of Wire: \$7,424.00 \*  
\*\*\*\*\*Name of Originator Induction Therapies ☒ OFAC Checked  
Complete Address 3600 Chamberlain Ln #336 Call Back # \_\_\_\_\_  
3600 Chamberlain Ln #336  
(NO P.O. BOX) Louisville KY 40241Payment Form: ☐ Check ☐ Cash ☒ Charge Acct # ██████████0925 D ☐ Other \_\_\_\_\_Balance in Account Being Charged: \$51,826.66Transfer Type: DomesticTransit Routing # of Receiving Bank: 021001088Receiving Bank Name HSBC Bank N.A. ☒ OFAC CheckedCity Rockville State MDBeneficiary: Ingenes LLC ☒ OFAC CheckedComplete Address 16192 Coastal Hwy(NO P.O. BOX) Lewes DE 19958Beneficiary Account #: ██████████1114Final Credit: \_\_\_\_\_ ☐ OFAC Checked

Special Instructions:

\*\*\* \*\*

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Originator Signature

X  DATE: 1-24-19

## INTERNAL USE:

Execution Date: \_\_\_\_\_ Time: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Account # to charge at correspondent bank: ██████████6140

Sequence #: \_\_\_\_\_

Employee Requesting: emmad50Branch: 403Request Date: 01/24/2019 09:10:06

Employee Authorizing: \_\_\_\_\_

When Authorized: 12/30/1899 00:00:00

## OUTGOING WIRE TRANSFER ORDER

WB-TN# 00107

(Established Customers Only)

RIVER CITY BANK  
LOUISVILLE, KY 40205\*\*\*\*\*  
\* Amount of Wire: \$21,440.00  
\*\*\*\*\*Name of Originator Induction Therapies☒ OFAC CheckedComplete Address 3600 Chamberlain Ln #336

Call Back # \_\_\_\_\_

3600 Chamberlain Ln #336(NO P.O. BOX) Louisville KY 40241Payment Form: ☐ Check ☐ Cash ☒ Charge Acct # ██████████ 0925 D☐ Other \_\_\_\_\_Balance in Account Being Charged: \$48,936.37Transfer Type: DomesticTransit Routing # of Receiving Bank: 021001088Receiving Bank Name HSBC Bank N.A.☒ OFAC CheckedCity RockvilleState MDBeneficiary: Ingenes LLC☒ OFAC CheckedComplete Address 16192 Coastal Hwy(NO P.O. BOX) Lewes DE 19958Beneficiary Account #: ██████████ 1114

Final Credit: \_\_\_\_\_

☐ OFAC Checked

Special Instructions: \_\_\_\_\_

\*\*\* \*\*

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Originator Signature

X *[Signature]*DATE: 2-5-19

## INTERNAL USE:

Execution Date: \_\_\_\_\_ Time: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Account # to charge at correspondent bank: ██████████ 6140

Sequence #: \_\_\_\_\_

Employee Requesting: kath150Branch: 403Request Date: 02/05/2019 08:49:33

Employee Authorizing: \_\_\_\_\_

When Authorized: 12/30/1899 00:00:00



**OUTGOING WIRE TRANSFER ORDER**

Wire ID# 005119

(Established Customers Only)

RIVER CITY BANK  
LOUISVILLE, KY 40205\*\*\*\*\*  
\* Amount of Wire: \$10,000.00 \*  
\*\*\*\*\*Name of Originator Induction Therapies LLCComplete Address 3600 Chamberlain Ln #3363600 Chamberlain Ln #336(NO P.O. BOX) Louisville KY 40241☒ OFAC CheckedCall Back # 5022955822Payment Form: ☐ Check ☐ Cash ☒ Charge Acct # ██████████0925 D☐ Other \_\_\_\_\_Balance in Account Being Charged: \$76,538.45Transfer Type: DomesticTransit Routing # of Receiving Bank: 021001088Receiving Bank Name HSBC Bank N.A.City RockvilleState MD☒ OFAC CheckedBeneficiary: Ingenes LLCComplete Address 16192 Coastal Hwy(NO P.O. BOX) Lewes DE 19958☒ OFAC CheckedBeneficiary Account #: ██████████114

Final Credit: \_\_\_\_\_

☐ OFAC Checked**Special Instructions:**

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Originator Signature

X DATE: 2-12-19**INTERNAL USE:**

Execution Date: \_\_\_\_\_ Time: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Account # to charge at correspondent bank: ██████████5140

Sequence #: \_\_\_\_\_

Employee Requesting: hanna50Branch: 403Request Date: 02/13/2019 10:13:19

Employee Authorizing: \_\_\_\_\_

When Authorized: 12/30/1899 00:00:00

## OUTGOING WIRE TRANSFER ORDER

Wire ID# 005201

Case 8:21-cv-00604-GJH Document 16-5 Filed 07/03/20 Page 5 of 14

(Established Customers Only)

RIVER CITY BANK  
LOUISVILLE, KY 40205\*\*\*\*\*  
\* Amount of Wire: \$33,981.45 \*  
\*\*\*\*\*Name of Originator Induction Therapies LLC ☒ OFAC Checked  
Complete Address 3600 Chamberlain Ln #336 Call Back # 5022955822  
3600 Chamberlain Ln #336  
(NO P.O. BOX) Louisville KY 40241Payment Form: ☐ Check ☐ Cash ☒ Charge Acct # ██████████0925 D ☐ Other \_\_\_\_\_Balance in Account Being Charged: \$108,698.92Transfer Type: Domestic  
Transit Routing # of Receiving Bank: 021001088  
Receiving Bank Name HSBC Bank N.A.  
City Rockville State MD☒ OFAC CheckedBeneficiary: Ingenes LLC  
Complete Address 16192 Coastal Hwy  
(NO P.O. BOX) Lewes DE 19958☒ OFAC CheckedBeneficiary Account #: ██████████1114

Final Credit: \_\_\_\_\_

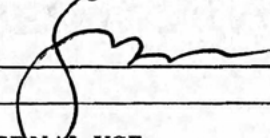
☐ OFAC Checked

## Special Instructions:

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Originator Signature

X  DATE: 2/28/19

## INTERNAL USE:

Execution Date: \_\_\_\_\_ Time: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Account # to charge at correspondent bank: ██████████6140

Sequence #: \_\_\_\_\_

Employee Requesting : hanna50Branch : 403Request Date: 02/27/2019 13:33:35

Employee Authorizing : \_\_\_\_\_

When Authorized: 12/30/1899 00:00:00



## OUTGOING WIRE TRANSFER ORDER

Wire ID# 005258

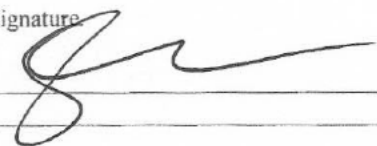
(Established Customers Only)

RIVER CITY BANK  
LOUISVILLE, KY 40205\*\*\*\*\*  
\* Amount of Wire: \$27,166.56 \*  
\*\*\*\*\*Name of Originator Induction Therapies LLC ☒ OFAC Checked  
Complete Address 3600 Chamberlain Ln #336 Call Back # 5022955822  
3600 Chamberlain Ln #336  
(NO P.O. BOX) Louisville KY 40241Payment Form: ☐ Check ☐ Cash ☒ Charge Acct # ██████ 0925 D ☐ Other \_\_\_\_\_Balance in Account Being Charged: \$104,262.00Transfer Type: Domestic  
Transit Routing # of Receiving Bank: 021001088  
Receiving Bank Name HSBC Bank N.A. ☒ OFAC Checked  
City Rockville State MDBeneficiary: Ingenes LLC ☒ OFAC Checked  
Complete Address 16192 Coastal Hwy  
(NO P.O. BOX) Lewes DE 19958Beneficiary Account #: ██████ 1114Final Credit: \_\_\_\_\_ ☐ OFAC Checked

## Special Instructions:

\*\*\* \*\*

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Originator Signature  X DATE: 3-15-19

## INTERNAL USE:

Execution Date: \_\_\_\_\_ Time: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Account # to charge at correspondent bank: ██████ 6140

Sequence #: \_\_\_\_\_

Employee Requesting: hanna50Branch: 403Request Date: 03/15/2019 09:41:57

Employee Authorizing: \_\_\_\_\_

When Authorized: 12/30/1899 00:00:00

## OUTGOING WIRE TRANSFER ORDER

Wire ID# 005399

(Established Customers Only)

RIVER CITY BANK  
LOUISVILLE, KY 40205\*\*\*\*\*  
\* Amount of Wire: \$30,769.49 \*  
\*\*\*\*\*Name of Originator Induction Therapies LLC ☒ OFAC Checked  
Complete Address 3600 Chamberlain Ln #336 Call Back # 5022955822  
3600 Chamberlain Ln #336  
(NO P.O. BOX) Louisville KY 40241Payment Form: ☐ Check ☐ Cash ☒ Charge Acct # ██████ 0925 D ☐ Other \_\_\_\_\_Balance in Account Being Charged: \$21,039.74Transfer Type: DomesticTransit Routing # of Receiving Bank: 021001088Receiving Bank Name HSBC Bank N.A. ☒ OFAC CheckedCity Rockville State MDBeneficiary: Ingenes LLC ☒ OFAC CheckedComplete Address 16192 Coastal Hwy(NO P.O. BOX) Lewes DE 19958Beneficiary Account #: ██████ 1114Final Credit: \_\_\_\_\_ ☐ OFAC Checked

Special Instructions:

\*\*\* \*\*

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Originator Signature

X DATE: 4-17/19

## INTERNAL USE:

Execution Date: \_\_\_\_\_ Time: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Account # to charge at correspondent bank: ██████ 6140

Sequence #: \_\_\_\_\_

Employee Requesting : emmad50Branch : 403Request Date: 04/17/2019 13:55:28

Employee Authorizing : \_\_\_\_\_

When Authorized: 12/30/1899 00:00:00

## OUTGOING WIRE TRANSFER ORDER

Wire ID# 005558

(Established Customers Only)

RIVER CITY BANK  
LOUISVILLE, KY 40205

\*\*\*\*\*  
 \* Amount of Wire: \$9,529.76 \*  
 \*\*\*\*\*

Name of Originator Induction Therapies, LLC ☒ OFAC Checked  
 Complete Address 3600 Chamberlain Lane #336 Call Back # 5022955822  
3600 Chamberlain Lane #336  
 (NO P.O. BOX) Louisville KY 40241

Payment Form: ☐ Check ☐ Cash ☒ Charge Acct # ██████████0925 D ☐ Other \_\_\_\_\_

Balance in Account Being Charged: \$54,881.11

Transfer Type: Domestic

Transit Routing # of Receiving Bank: 021001088

Receiving Bank Name HSBC Bank N.A. ☒ OFAC Checked  
 City Rockville State MD

Beneficiary: Ingenes LLC ☒ OFAC Checked  
 Complete Address 16192 Coastal Hwy  
 (NO P.O. BOX) Lewes DE 19958

Beneficiary Account #: ██████████1114

Final Credit: \_\_\_\_\_ ☐ OFAC Checked

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\*\*\* \*\*

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Originator Signature

X \_\_\_\_\_ DATE: \_\_\_\_\_

**INTERNAL USE:**

Execution Date: \_\_\_\_\_ Time: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Account # to charge at correspondent bank: ██████████6140

Sequence #: \_\_\_\_\_

Employee Requesting : kath150 Branch : 403

Employee Authorizing : \_\_\_\_\_

Request Date: 05/22/2019 08:42:33

When Authorized: 12/30/1899 00:00:00



(Established Customers Only)

RIVER CITY BANK  
LOUISVILLE, KY 40205

\*\*\*\*\*  
 \* Amount of Wire: \$17,825.00 \*  
 \*\*\*\*\*

Name of Originator Induction Therapies, LLC ☒ OFAC Checked  
 Complete Address 3600 Chamberlain Lane #336 Call Back # 5022955822  
3600 Chamberlain Lane #336  
 (NO P.O. BOX) Louisville KY 40241

Payment Form: ☐ Check ☐ Cash ☒ Charge Acct # ██████████ 0925 D ☐ Other \_\_\_\_\_

Balance in Account Being Charged: \$67,899.63

Transfer Type: Domestic  
 Transit Routing # of Receiving Bank: 021001088  
 Receiving Bank Name HSBC Bank N.A. ☒ OFAC Checked  
 City Rockville State MD

Beneficiary: Ingenes LLC ☒ OFAC Checked  
 Complete Address 16192 Coastal Hwy  
 (NO P.O. BOX) Lewes DE 19958

Beneficiary Account #: ██████████ 114

Final Credit: \_\_\_\_\_ ☐ OFAC Checked

**Special Instructions:**

\*\*\* \*\*

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Originator Signature

X  DATE: 6/7/19

**INTERNAL USE:**

Execution Date: \_\_\_\_\_ Time: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Account # to charge at correspondent bank: ██████████ 6140

Sequence #: \_\_\_\_\_

Employee Requesting: kath150

Branch: 403

Request Date: 06/06/2019 10:10:56

Employee Authorizing: \_\_\_\_\_

When Authorized: 12/30/1899 00:00:00

7200 8620611  
 INDUCTION THERAPIES LLC  
 3600 CHAMERLAIN LANE STE 336  
 LOUISVILLE KY 40241-0000

We have completed this wire transfer request. Your BB&T account has been debited for the net amount shown below.

\*\*\*\*\*  
 TRN DATE 20191018 TRN NUM 00015063  
 AMOUNT 17,500.00 ACCOUNT # DDA - [REDACTED] 4826  
 REFERENCE #  
 DATE 10/18/2019  
 TIME 16:55:26  
 ORIGINATOR INDUCTION THERAPIES LLC  
 3600 CHAMERLAIN LANE STE 336  
 LOUISVILLE, KY 402410000  
 BENEFICIARY BANK HSBC BANK USA, NATIONAL ASSOCI  
 BENEFICIARY BANK # 021001088  
 BENEFICIARY NAME INGENES LLC  
 BENEFICIARY ACCOUNT [REDACTED] 1114  
 ORIGINATING BANK INFORMATION

\*\*\*\*\*  
 Thank you for banking with BB&T. Please contact your local BB&T financial center or call 1-800-BANK BBT (1-800-226-5228) for questions regarding this wire transfer.



arch

Date Range

Oldest

Most Recent

11/08/2019

11/08/2019

Amount

Min. Amount

Max. Amount

\$ 0.00

\$ 0.00

Apply

**Search:**

Date	Status	Recipient	From Account	Amount	
<b>Nov 8, 2019</b>					
11/08/2019	Processed	INGENES LLC	Checking 6819	\$75,000.00	▼

Recurring Wire Transfer




[Basic Search](#)

Date Range

Oldest

Most Recent

11/12/2019

11/12/2019

Amount

Min. Amount

Max. Amount

\$ 0.00

\$ 0.00

**Search:**

Effective Date	Status	Recipient	From Account	Amount	
<b>Nov 12, 2019</b>					
11/12/2019	Processed	INGENES LLC	Checking 6819	\$38,739.34	▼

Recurring ACH Payment



Type	<b>Business-to-Business</b>
Send To	<b>INGENES LLC</b>
From Account	<b>Checking 6819</b>
Amount	<b>\$20,000.00</b>
Frequency	<b>One Time</b>
Effective Date	<b>01/24/2020</b>
Reason for Payment	<b>None</b>
Reference Number	<b>2541068</b>



Type	<b>Domestic</b>
Send To	<b>INGENES LLC</b>
From Account	<b>Checking 4826</b>
Amount	<b>\$15,000.00</b>
Frequency	<b>One Time</b>
Send On	<b>02/28/2020</b>
Reason for Wire Transfer	<b>Invoice #20022905RTS</b>
Memo Lines	<b>None</b>
	<b>None</b>
	<b>None</b>
Reference Number	<b>906212</b>

A handwritten signature in purple ink, appearing to be 'D' or 'P' with a flourish.